

RETURN FROM LEAVE OF ABSENCE FORM

Return form to:

Registrar
One Gustave L. Levy Place
Annenberg Building, Room 12-70
Box 1257
New York, NY 10029-6574



Icahn
School of
Medicine at
Mount
Sinai

Phone: (212) 241-6691
Facsimile: (212) 369-6013
Email: Registrar@mssm.edu

Clearance to return from leave is required. Students should refer to the individualized terms of their leave letter and must complete all required evaluations or testing prior to return. In general, toxicology testing and student health evaluation will be required after all personal and medical leaves. At the end of a specified period of leave of absence, if the student does not notify the School of his/her intentions, it will be assumed that s/he no longer wishes to be considered in good standing and will be administratively withdrawn or dismissed. If a student wishes to apply for reinstatement at a later date, a new application for admissions must be completed.

SUBMITTING THIS FORM: Students should submit this form to the Registrar at the above address, after obtaining all required signatures.

RETURN CONDITIONS: Students on Administrative LOA, Personal LOA, Medical LOA or Individual Education Plan must notify the Registrar by the date indicated in the individualized leave of absence letter or 45 days before expected date of return. If the Registrar does not hear from you by this date, it will be assumed you no longer wish to continue your studies at Icahn School of Medicine at Mount Sinai. You will not be able to enroll in classes or clerkships if you have any outstanding holds on your account. All balances, such as tuition, housing and insurance, must be paid in full before you return.

TUITION and FEES: Students will be required to pay tuition at the new rates upon return. Any additional time in school will be subject to additional tuition and fees. Students must clear any housing arrears (outstanding balances over 2 months), in addition to any outstanding fees or tuition balances, in order to be cleared to return.

FINANCIAL AID: The priority deadline for applying for financial aid is May 1. Please contact Dale Fuller for questions about or to apply for Financial Aid: dale.fuller@mssm.edu.

HEALTH INSURANCE: Students who dropped ISMMS UHC insurance must re-sign with Mount Sinai Health Insurance within 30 days of their return date. For questions, contact Leonara Dasu at leonara.dasu@mssm.edu.

HOUSING: If not in housing, students must reapply for housing accommodations at the same time requesting readmission. Please contact Angela Moura at angela.moura@mssm.edu to file the appropriate paperwork.

LIST-SERVE: Students are not automatically placed on the list-serve until returned from a LOA but may subscribe in advance by contacting the helpdesk at: ascit@mssm.edu.

SCHOLARLY YEAR: Please fill out the Return from Scholarly Year form. For more information, go to: <http://tinyurl.com/ScholarlyYearGuidelines>.

RETURN FROM LEAVE OF ABSENCE FORM

STUDENT INFORMATION			
Student Name (First, Middle Initial, Last)		Life Number	
Home Address	City	State	Zip Code
Telephone Number <small><input type="checkbox"/> HOME <input type="checkbox"/> CELL</small>	Alternate Telephone Number <small><input type="checkbox"/> HOME <input type="checkbox"/> CELL</small>		
ISMMS Email	Alternate Email		
Program			
TYPE OF LEAVE			
<input type="checkbox"/> Administrative <input type="checkbox"/> Medical <input type="checkbox"/> Personal			
Requested Start Date	Anticipated Return Date		
RETURNING TO YEAR (FOR MEDICAL STUDENTS ONLY)			
<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4			
STUDENT SIGNATURE			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> Student Signature Date </div>			
REQUIRED SIGNATURES			
Please submit this form to the Associate Dean or Program Director of your program for initial approval. Once you have been approved, you will be required to get the additional signatures below.			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> Assoc. Dean/Program Director (name and signature) Peter Gliatto, Associate Dean for UME & Student Affairs, or Yasmin Hurd, Program Director MD/PhD, or Basil Hanss or Ross Cagan, Associate Deans, Graduate School of Biomedical Sciences, or Janice Gabrilove / Alan Moskowitz, Program Directors Clinical Research, or Nils Hennig, Program Director MPH, or Randi Zinberg, Program Director, Master's in Genetic Counseling Date </div>			
EDUCATIONAL PLAN (FOR OFFICE USE ONLY)			
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>			

FORM CONT'D

RETURN FROM LEAVE OF ABSENCE CONT'D

ADDITIONAL REQUIRED SIGNATURES

Financial Services: Dale Fuller
Annenberg 12-70

Date

Health Insurance: Leonara Dasu
Annenberg 12-70

Date

Office for Curricular Support: Susan Estevez
Annenberg 13-40

Date

IT: Circulation Desk
Annenberg, 11th Floor

Date

FINAL APPROVAL- TO BE COMPLETED BY REGISTRAR'S OFFICE

Student has completed all return requirements

Registrar: Nelson Pe / Luke Phillips
Annenberg 12-70

Date